

Asbury ELC Summer Camp Registration

Child's Name: _____ Birthdate: ____/____/____

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Week(s) Requesting:

Mark an **X** for the weeks you would like to register your child

_____ Week 1 May 28-31 (short week) **LEGO TO Summer Camp!**

_____ Week 2 June 3-7 **Disney Week**

_____ Week 3 June 10-14 **Big Top Circus**

_____ Week 4 June 17-21 **Adventurer Week!**

_____ Week 5 June 24-28 **Let's Get Cooking!**

_____ Week 6 July 1-3 (short week) **GOD Bless America**

_____ Week 7 July 8-12 **Ooey Gooey Science**

_____ Week 8 July 15-19 **Sports Week with Sports4Fun**

_____ Week 9 July 22-26 **Under the Sea** (VBS week for ages 5+)

Total # of Weeks _____ x \$ _____ /wk = _____ Total Cost

Parent(s) Name: _____

Best Contact #: _____

Email: _____

Alt. Contact Person(s): _____

Authorized Pick-Up Person(s): _____

**Must provide 2-week notice of cancellation to allow for fee reimbursement.*

If no notice is given, fees are non-refundable.

Office Use Only: Received ____/____/____ Payment Received: \$ _____ Check/CC: _____